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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N98000005396

1. Corporation Name
VIETNAM VETERANS OF AMERICA, INC., CHAPTER 811-A
~~ALTAMONTE SPRINGS, FL~~ PO BOX 141551 ORLANDO, FL 32814

Principal Place of Business	Mailing Address
~~830A MAGNOLIA DR. ALTAMONTE SPRINGS FL~~ PO Box 141551 Orlando, FL 32814	~~830A MAGNOLIA DR. ALTAMONTE SPRINGS FL~~

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/18/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 52-2083250 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOLDADE, STEVEN J ~~830A MAGNOLIA DR. ALTAMONTE SPRINGS FL~~ 1910 SHANNON LANE APOPKA, FL. 32703	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE STEVEN J. GOLDADE Steven J Goldade 8/10/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVERSON, RICHARD ~~830A MAGNOLIA DR.~~ ~~ALTAMONTE SPRINGS FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	EVERSON, RICHARD PRES. PO BOX 141551 ORLANDO, FL 32814	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDADE, STEVEN J ~~830A MAGNOLIA DR.~~ ~~ALTAMONTE SPRINGS FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	GOLDADE, STEVEN J V/P 1910 SHANNON LANE APOPKA, FL 32703	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCK, CHARLES G ~~830A MAGNOLIA DR.~~ ~~ALTAMONTE SPRINGS FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	BUCK, CHARLES G TREAS. 6443 PEACHTREE DR ORLANDO, FL 32818-1742	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN GINHOVEN, MICHELLE D ~~830A MAGNOLIA DR.~~ ~~ALTAMONTE SPRINGS FL~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VAN GINHOVEN, MICHELLE SEC. PO BOX 141551 ORLANDO, FL 32814	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES G BUCK CHARLES G Buck 8-10-99 407-295-8465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)